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DISEASES OF THE NOSE

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Continued from page 1087

Asthma. Asthma is a disease of the bronchial tubes. The symptoms of the disease are too well known to you to need further explanation. It may surprise you, however, to learn that many cases of asthma are greatly influenced by diseases of the nose. Many asthma patients have partial or complete loss of nasal breathing and usually have in addition, the various catarrhal symptoms previously mentioned. When sufferers from asthma are influenced unfavorably by the weather, the nasal condition may be justly suspected of being a contributing cause for the asthmatic attacks. We may go even further in certain instances and say that the nasal condition is the sole cause. To prove this assertion may be cited the following case. On the day before this article was written, a woman came to my office whom I had operated upon three years before for the relief of asthma. The operation consisted of a thorough removal of the ethmoid cells. The patient obtained complete relief from all asthmatic symptoms for nearly three years. She neglected the after treatment and care which is very important in such cases. As a result of the neglect, the asthma returned during the past few weeks. Examination of the nose revealed the presence of small polypi and granulation tissue, together with more or less thick secretion. Proper treatment of the nose will doubtless free this patient again from her asthmatic suffering. I do not claim for a moment, that all asthma is due to disease in the nose; many cases have no connection with the nose whatever. Every case of asthma should have a thorough examination of the nose however as many cases are influenced to a considerable extent by the nasal condition. Asthmatic attacks which are worse or more frequent, in cold, damp weather should be regarded as of nasal origin or under nasal influence until a thorough examination by a specially trained observer proves it to be otherwise.

Hay fever. Hay fever is a disease of the nose characterized by a violent swelling of the tissues within the nose. The prominent symptoms of the disease are more or less constant sneezing, profuse watery discharge from the nose and not infrequently from the eyes.

Hay fever is undoubtedly an anaphylactic disease. Anaphylaxis

is a peculiar susceptibility which certain individuals have to being violently poisoned by certain substances. Eggs, nuts, fish and many common protein substances are violent poisons to certain people and they produce marked systemic reactions after being absorbed. I have a friend who is violently poisoned after eating a single nut of any kind.

Until very recently, hay fever patients were supposed to be poisoned by the pollen of plants of various kinds, particularly golden rod and rag weed. Recent experiments have thrown a new light upon the subject and brilliant results are expected to be brought about by new methods of diagnosis and treatment in the near future.

Hay fever is present in different people at different times. The so-called "rose fever" is present in New England in June. The usual hay fever attack comes about the middle or latter part of August and remains until "after the first frost." Certain types of hay fever attacks arise from the presence of animals in the patient's vicinity. Cats and horses are the animals most frequently accused in this respect. This seems rather ridiculous but there is little doubt but what it is more or less true.

Certain mal-formations within the nose tend to produce hay fever attacks and a careful examination of the nose should be made in every case. With abnormal conditions present in the nose, proper surgical treatment often produces marked relief.

Nasal hemorrhage. Hemorrhage from the nose is a very frequent occurrence. It varies in the amount of blood lost, from a slight trace to many ounces. Slight, but frequent hemorrhages are often annoying and the violent ones are not infrequently fatal.

Slight, but frequent nasal hemorrhages are often due to a tiny, broken blood vessel somewhere within the nose. The hemorrhages occur when exerting oneself or when hurrying. One of my cases had had such hemorrhages for twenty years. They were very annoying as they usually occurred at most inopportune times. A small, broken vessel was found upon the nasal septum. After the vessel was cauterized no further bleeding occurred.

Violent hemorrhages occur occasionally after surgical operations upon the nose or following accidents to that organ. It is often difficult to stop such hemorrhages and occasionally patients bleed to death in spite of all efforts to overcome them.

Elderly people, particularly men, have nasal hemorrhages which are often very alarming. They begin without warning and are difficult to control. Patients suffering from kidney, liver and heart diseases are liable to severe nasal hemorrhages. *High blood pressure and*

hardened arteries are the special causes for nasal hemorrhages in advanced age.

“Bleeders” are persons whose blood lacks the clotting power of the normal blood. Such persons are subject to extreme loss of blood from trivial causes. They have died from hemorrhages following a slight cut or the extraction of a tooth. Surgical operations performed upon bleeders are exceedingly dangerous procedures. True “bleeders” are comparatively rare but unfortunately they do exist.

Slight nasal hemorrhages usually stop themselves. Grasping the tip of the nose firmly between the fingers and continuing the pressure for a few minutes will usually stop the mild ones. The average hemorrhage will soon cease if one holds the head forward and allows the bleeding to continue undisturbed. (Violent efforts to stop the bleeding usually make the hemorrhage worse.) Theseverer types of hemorrhages often require packing of the nasal cavity to control them. This is a fine art and requires experience to successfully secure the desired result. Unskillful packing of the nose only serves to increase the hemorrhage. A solution of adrenalin if properly applied often serves well, but this is a treacherous method, in as much as the hemorrhage is apt to return after a few hours. In the absence of other means of control it serves very well until skilled help may be secured. Never use Monsel's solution in the nose to stop hemorrhage. It forms a cinder-like clot which is almost impossible to remove. Don't allow patients to bleed a quart or more of blood before sending for help. When patients lose blood enough to be dangerous they usually faint. This is nature's method of dealing with the situation and it usually works well. When patients have fainted from loss of blood don't *stimulate them with strychnia, digitalis, etc.*, and don't *elevate the foot of the bed*. Either method is prone to cause the hemorrhage to begin again and the renewed loss of blood will be more apt to prove fatal than the faintness which was present and which had caused the bleeding to cease.

High blood pressure is an important element in hemorrhage cases in advanced age. Hemorrhage of course reduces the blood pressure for the time being but the increase soon returns if the condition is due to lesions in the heart, liver or kidneys. As the blood pressure increases, the hemorrhage is apt to return.

Foreign bodies in the nose. Foreign bodies in the nose are not often encountered, but when they occur they become matters of importance. Young children occasionally succeed in their repeated efforts to force small articles into their nostrils. Unless pain results, the child is apt to forget to tell of the occurrence or is too ashamed or frightened to confess it. After a time a chain of symptoms appears, one or more of

which may be alarming. The first to appear is a one-sided nasal discharge which resembles a severe cold. Later, elevation of temperature may result with the usual symptoms which go with fever. I recently removed a coat button from an eight-year-old boy's nose. The child was brought to my office for a supposed chronic cold in the head. The suspicious one-sided discharge was present and the end of the button was easily seen upon looking into the nose. It was removed without difficulty and the child appeared not at all surprised when it was shown to him. Later he confessed he knew it was in the nose and told of putting it in nearly six months before.

I knew of another case in which a shoe button was finally removed from the nostril of a baby. For some time previous to its removal the child was considerably prostrated. The true diagnosis of the child's condition was not made for some time and it was only when the presence of the foreign body was detected that the nature of the illness was at all understood.

The symptoms of foreign bodies in the nose are, as stated before, the one-sided discharge and occasionally fever. The diagnosis is established by detecting the body by means of a probe. Occasionally the body can be seen, but inspection alone is by no means to be depended upon. Removing foreign bodies from the nose is usually much easier than from the ear or larynx. In young children, it is frequently easier and safer to etherize them before removal is attempted. Foreign bodies in the nose may be mistaken for nasal diphtheria. The nasal discharge seen in the latter disease is usually from both nostrils while in the case of the foreign body it is from but one side. When doubt exists as to which is present a culture should always be taken.

Abscess of the nasal septum. Abscess of the nasal septum is not a common disease but it occurs with sufficient frequency to make it important. It consists of an infection of the septum with formation of pus. It is a dangerous condition in as much as it may, if undetected, destroy the cartilaginous portion of the septum and thus cause the nose to assume a flattened position upon the face due to the destruction of the natural frame which holds it in its normal contour.

The most prominent symptom of abscess of the septum is an absolute closing of both nostrils, with or without fever. As this symptom often occurs with a severe head cold it is often mistaken for that. The true diagnosis is made by inspection and by testing the swollen areas with a probe. In ordinary inflammations of the nose, the swelling occurs in the turbinates which lie upon the outside of the nostrils. In this case the septum is soft and boggy to the touch, due to the confined pus which is usually considerable in amount.

Abscess of the septum usually follows injury to the nose in children, but among adults it is occasionally seen without apparent cause.

The treatment of abscess of the septum is more or less difficult. Free incision is called for and quickly evacuates the pus. But due to the enormous healing power of the nasal tissues, the incision soon closes. It is usually necessary to cut away a part of the mucous membrane and the periosteum which forms the abscess wall in order to provide the necessary free drainage for a sufficient time to overcome the abscess condition.

A stirring little scene was witnessed outside of Buckingham Palace recently, at which the King and Queen attended, when nearly one hundred nurses were decorated with the Royal Red Cross Medal. As the recipients were leaving there was a tremendous roar from some thirty wounded soldiers who had come from Westminster Hospital specially to greet Sister Farrington, who has had charge of three wards in which wounded soldiers are quartered. "The whole thing was a complete surprise to her," said one of the disabled heroes. "We organized it a day or two ago, and nobody breathed a word about it to her. Some of us got out of bed for the first time since our arrival to go and give her a cheer. We went in chairs and on crutches, and, those of us who could, on foot. She has helped to save a good many limbs for us."

FIVE SECTIONAL CONFERENCES ON TUBERCULOSIS

Sectional conferences on tuberculosis will be held during the month of October in New Haven, Conn., Louisville, Ky., Jackson, Miss., Newark, N. J., and Albuquerque, N. M., under the auspices of The National Association for the Study and Prevention of Tuberculosis, according to a bulletin issued recently.

Anti-Tuberculosis workers are urged to make plans to attend the conference in their own district or the one nearest to them.

Information about any of the conferences may be obtained from the office of The National Association for the Study and Prevention of Tuberculosis, 105 East 22d Street, New York.